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	PANPE	Tip.	MP

Delbert Hosemann

REPORTABLY OF STATE

Name of Committee Committee Telephone 662-587-1965 Email wes@bigmtronsport.com Wes Davis

Check here if above is different from previous report

	TYPE OF REPORT	
	May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
	June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
	July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	Mandatory
	October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010)	.Mandatory
	October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	.Mandatory
	November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)Runoff	Candidates
	January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)	
_	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate obligations**	e reporting

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss, Code Ann. § 23-15-807 (b) (ii) and (iii),
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

zed = This Period	Calendar Year-To-Date
\$ 0	\$ 30,045.00
89 \$ 3,712.39	\$ 7.621.67
\$ 22,423.33	
	\$ 0

Wea Davis	10/5/10
Signature of Director or Treasurer	Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) at. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to aubmit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Condidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39285 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for county-ride and county district offices should return forms to their county Circuit Cierls.

							Page	1	of	1	
lame of Candidate	or Committe	e Committee	4.	Flack	Sit	+	M.	× 411			
Reporting period	July 1,	2010	throu	gh	Sept	30	20	10			

ITEMIZED DISBURSEMENTS

A. Full name WYWCOR	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 2084 Old Taylor Rd. Suite #106	7/1/0	\$ \$300.00
Oxf. J. MS 38655	8/1/10	\$ 300,00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5 Continued Below
B. Full name WYNCOR	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 2084 OID Taylor Rd. Suit. #106	9/1/10	\$ 12.60.00
City, State, Zip Code Oxford Ms 38655	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,962.00
Nevela Bob's Golf	Date (Mo., Day, Year)	Amount of each disbursement this period
	8/10/10	\$ 1,658,50
7608 N. Herry Ave. City, State, Zip Code OKlahema Coty, OK 73116 Purpose of Disbursement (Optional)		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1658.50
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	2
City, State, Zip Code	1_/_/_	s
Purpose of Disbursament (Optional)	Aggregate Year-to-date	\$